MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/696 991

APPLICANT(S)

FILING DATE 10 26 00

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				•		•		•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
①1	1							51						
2		1						52						
③3	1							53						
④4	1							54						
5								55	1					
6								56						
7								57						
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39								89						
40								90						
41								91						
42								92						
43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.	3							**TOTAL IND.**						
TOTAL DEP.	1							**TOTAL DEP.**						
TOTAL CLAIMS	4							**TOTAL CLAIMS**						

MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS